

Durham Local Area Dislocated Worker File Table of Contents

File Sec	Field Code	Ref #	Data Element	WF+ Data Source Field Selection	Verification Required (Yes,No)
1	DWE	1	Individual Identifier	SSN	Yes
1	DWE	2	Date of Birth	DOB	Yes
1	DWE	3	Individual with a disability	Yes	
1	DWE	4	Veteran Status	Yes	
1	DWE	6	Unemployment Compensation Program (UI)	1) Claimant 2) Exhaustee	
1	DWE	8	TANF	Yes	
1	DWE	9	GA, RCA, SSI	Yes	
1	DWE	10	Displaced Homemaker	Yes	
1	DWE	11	Date of actual qualifying dislocation	Date	Yes
2	DWA	18	Date of WIA Title I-B registration	Date	Yes
2	DWXP	19	Date of WIA exit	Date	Yes
2	DWA	21	Date of 1 st intensive activity	I-Activity	Yes
2	DWA	22	Date of 1 st training activity	T-Activity	
4	DWA	23	Established Individual Training Account	ITA >0 T-Activity	
2	DWA	24	Adult education, basic skills and/or literacy activity	Activity enrollment	
2	DWA	25	On-the-job training	OJT activity	
2	DWA	26	Occupational skills, skill upgrading/retraining, Workplace training	Activity Enrollment	
2	DWXP	33	Employed in quarter after exit quarter	Supplemental data	
2	DWXP	34	Source of supplemental data	Not in UI database	
2	DWXP	35	Entered training related employment	“Yes” (Job Referral Screen)	
2	DWXP	36	Employed in 3 rd quarter after exit	Supplemental data	
2	DWXP	37	Source of supplemental data	Not in UI database	
2	DWXP	45	Type of recognized educational/occupational certificate/credential/diploma/degree attained	Yes (Outcome Screen)	
2	DWXP	46	Other reason for exit	Exclude (Exit Program Screen)	

SECTION ONE

Eligibility/Data Validation

Check the appropriate box and ensure all applicable forms and documents are filed in this section:

- ☐ **Workforce Plus Intake Form (Signed and dated) (DWE-10, DWE-11)**

- ☐ **Eligibility Documentation**
 - ☐ **Social Security Card (DWE-1)**
 - ☐ **County of residence**
 - ☐ **Date of Birth (DWE-2)**
 - ☐ **Citizenship**
 - ☐ **Selective Service Registration**
 - ☐ **Source of Dislocation**
 - ☐ **UI programs (DWE-6)**
 - ☐ **Unlikely to return to previous occupation**
 - ☐ **Self-employment**

- ☐ **Data Validation Documentation**
 - ☐ **Individual with a disability (DWE-3)**
 - ☐ **Veteran Status (DWE-4)**
 - ☐ **TANF (DWE-8)**
 - ☐ **GA (DWE-9)**

- ☐ **EEO Statement (Signed and dated)**

- ☐ **Disclosure and Release Form (Signed and dated)**

- ☐ **WIA Participant's Responsibilities and General Information (Signed and dated)**

- ☐ **WIA Participant's Responsibilities Training Activities (Signed and dated)**

***Note: All forms requiring signatures and dates must be originals.**

SECTION TWO

Activities/Outcomes

Check the appropriate box and ensure all applicable forms and documents are filed in this section:

- ☐ **WF+ Case Profile Screen**
 - ☐ **Date of WIA Exit (DWXP-19)**

- ☐ **WF+ Employment Plan Screen**
 - ☐ **Date of 1st Intensive Activity (DWA-21)**
 - ☐ **Date of 1st Training Activity (DWA-22)**
 - ☐ **Adult education, basic skill, and/or literacy act. (DWA-24)**
 - ☐ **On-the-job Training (DWA-25)**
 - ☐ **Occupational skills or Skills upgrading/retraining, or Workplace Training (DWA-26)**

- ☐ **WF+ 1st Activity Screen (Case Management) (DWA-18)**

Note: 1st Activity start and creation date and the WIA enrollment date must be the same.

- ☐ **WF+ Activity Notes Screen (DWXP-19)**

- ☐ **WF+ Case Notes Screen (DWXP-19)**

- ☐ **WF+ Job Referral Screen (DWXP-35)**

(If training related employment is marked “Yes”)

- ☐ **WF+ Leave program screen (DWXP-46)**

(If reason for exit excludes participant from performance)

- ☐ **WF+ Outcomes Screen**

- ☐ **Outcome Verification Documentation**
 - ☐ **WF+ 1st Qtr Supplemental Data Screen(DWXP-33)**
 - ☐ **Document verifying Employment in 1st Qtr (DWXP-34)**
 - ☐ **WF+ 3rd Qtr Supplemental Data Screen(DWXP-36)**
 - ☐ **Document verifying employment in 3rd Qtr (DWXP-37)**
 - ☐ **Attainment of Educational or Occupational Certificate, Credential, Diploma, or Degree (DWXP-45)**

- ☐ **Exit Request**

***Note: All documents will be printed and place in file after WIA exit.**

SECTION THREE

Individual Employment Plan (IEP)

Check the appropriate box and ensure all applicable forms and documents are filed in this section:

- ☐ **Individual Employment Plan (IEP)**
- ☐ **Copy of Resume/Work History**
- ☐ **JobLink Application**
- ☐ **Service Needs Assessment**
- ☐ **Career Key Assessment**
- ☐ **Basic Skills Assessment (ABLE, TABE, etc.)**
- ☐ **Employability Assessment**
- ☐ **Intake Procedure Checklist**
- ☐ **Additional Forms/Information**

SECTION FOUR

Training/Expenditures

Check the appropriate box and ensure all applicable forms and documents are filed in this section:

- ☐ **Training Program Information**
 - ☐ **Acceptance Verification**
 - ☐ **Registration/Tuition Amount**
- ☐ **Pell Grant Information and Process Form (Signed and dated)**
- ☐ **WIA Training Cost Analysis (DWA-23)**
 - ☐ **Copy of all ITA's issued**
- ☐ **Participant Grades (if applicable)**
- ☐ **Attendance Sheets**
- ☐ **Textbook Info**
- ☐ **Pell Grant Award Letter/Verification**
- ☐ **Financial Award Analysis**
- ☐ **Contractor Forms and/or Paperwork (non-WIA)**